

**SOCIAL ASPECTS OF MINNESOTA'S PROGRAM
FOR THE FEEBLEMINDED**

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Several social workers who have come to Minnesota within the last few years have said they know no other State so "feeble-minded conscious." It seemed to me therefore it might be well to analyze our attitudes to see how we had unconsciously become conspicuously conscious, if indeed this is a true description.

The year 1879 marks the first use of the term "feeble-minded" in the laws of Minnesota. Prior to that—in 1851 when Minnesota was still a territory—provision had been made for those "incapable of the proper care and management of their own property," but in the statute all were called insane. Later, laws were changed or provisions made showing increasing differentiation. In 1879 authority was given to transfer the idiotic and feeble-minded children who were proper subjects for training and instruction to the asylum for the deaf, dumb and blind. Progress continued. Legislature after Legislature made new provisions, always with the emphasis on care for the low-grade, but education and supervision for the higher-grade person. The preventive aspect also received consideration as evidenced by the passage in 1901 of a much more drastic marriage law than the one now in the statutes.

Also in 1901 the Board of Control was created as a non-political board to have control of all institutions. This made possible a continually expanding program, as the Legislature from that time on placed each newly created social service under its jurisdiction. By 1917 Minnesota had an institution that many years previously under Dr. A. C. Rogers had taken a foremost place in the care of the feeble-minded; Dr. Fred Kuhlmann had been added to its staff in the very early days of mental testing; teachers were given training; social and psychological studies were made.

In 1917 a commission previously appointed by the Governor presented to the Legislature a group of laws for the protection of children. The personnel of the commission and its executive secretary—Mr. William Hodson, now in New York—was such that persons of the highest caliber and varied interests co-operated in

* Since this paper was written the State Board of Control of Minnesota has been abolished and a Social Security Board appointed. Each of three members is independently responsible for his own division. The Director of Institutions has responsibility for the feeble-minded while in the institution, but all other responsibility is that of the Director of Social Welfare. He has separated the Department for Feeble-minded from the Children's Bureau, and under the writer as Head it is now the Bureau for Feeble-minded and Epileptic. An advisory board of lay persons has been appointed.

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formulating the laws. Some of these related to the feeble-minded—adults as well as children—because it was realized that no matter how excellent the institution, only a small fraction of those who might be termed feeble-minded would ever be there at one time; and no matter how adequate the training within the institution, supervision and protection would be needed after leaving. A division known as the Children's Bureau was organized for the administration of this new "code" of laws. The Board of Control was given authority upon the request of the commissioners of a county to appoint a "Child Welfare Board" as its local representative in that county. These boards functioned for twenty years. At no one time did every county have a board, and at no time did many of the counties have a paid and trained executive. However, the work of the boards was remarkably effective owing, I believe, to the fact that through the years the Board of Control maintained a high standard of personnel in its office, and appointed persons in the counties who as a whole were not only interested but willing to give time and thought to work for which they received no remuneration.

The fundamental law passed in 1917, relating to the feeble-minded, provided for commitment of feeble-minded persons to the guardianship of the State Board of Control by the county or probate court. The guardianship is for life unless specifically discharged, and authority is given for supervision, including institutionalization. The Board of Control made available to the judges and the child welfare boards the services of mental examiners to give tests and aid in making decisions regarding commitment. Thus tests began to be requested for persons presenting varied problems, such as: delinquency, illegitimacy, neglect or dependency of children, inability to do school work.

The child welfare boards from their very beginning were given opportunity to see the relationship of low mentality to social problems, because of their responsibility to plan for handicapped children. More and more through the years mental testing became a part of the procedure in making plans for children. In each instance the result was considered with other data in determining whether a petition should be filed in the court, asking for a hearing in feeble-mindedness. Space was rarely available in the institution even if desired, and so community plans devolved upon the same person who had responsibility for children who were not feeble-minded. Minnesota thus placed its program for the feeble-minded within the social organization of the state and counties. It has become an inextricable part of the social program by certain emphases: In many and varied social problems feeble-mindedness is a basic factor; when feeble-mindedness is a factor, planning and supervision may be needed for an indefinite length of time; since it is a continuing problem and an integral part of social maladjustment, each county must accept responsibility for its own residents; the state should retain a co-ordinating and policy-making function, as well as give supervisory service to the counties.

Dr. Kuhlmann was located at the state institution until 1921, when the Board of Control established a new division, first known as the Research Bureau, and now as the Division of Examination and Classification, thus making possible the broad testing program of the state. Testing is planned on an individual basis rather than through clinics. Since 1923 tests resulting in intelligence quotients of 75 or lower have been given to 25,137 persons. During the same length of time 7,256 have been committed to state guardianship as feeble-minded. The initiative for securing mental tests and asking for court commitments has usually come from the social agency in the county. It is necessary to understand this relationship between the social, testing and feeble-minded programs, if we are to compare our state with others or if the results are to be evaluated. This threefold relationship accounts, I believe, for the attitudes that have really made us "feeble-minded conscious." The education of social workers to consider the presence of feeble-mindedness as a possible factor early in case planning has not only meant better "case work" in many instances, but has made it possible to get co-operation from county officials and others interested. It has also served as a means of arousing community interest and understanding of the problems involved.

Since 1917 there has been some revision of our laws, the most significant from the social angle being the passage of a permissive sterilization law in 1925 and a census law in 1935. The administration of the first was placed with the Board of Control. This same board and the State Department of Education were given joint responsibility for the administration of the second, but without any appropriation. Because of its existence, however, Dr. Kuhlmann had authority in 1936 to co-operate with one county in a survey of the school population.

In order to take advantage of federal aid as provided for by the public assistance titles of the Federal Social Security Act, state legislation was passed in 1937, a part of which provided for a welfare board in every county with a paid executive and such other staff as was necessary. The administration of most of the federal aid and services was placed with the Board of Control and authority given to set standards for personnel in the counties. Since all social responsibility, in most instances including relief, is co-ordinated in one board in a county and every county has an executive secretary and staff, the amount and quality of work done has increased since 1937.

It is realized that the supervision of wards by child welfare boards was in one sense of the word ineffective and almost non-existent as compared with many states that have had psychiatric social workers with small case loads in order to help boys and girls or young men and women make an adjustment. To some extent this is also true today, as case loads are still far too large. But there are many cases where supervision has been so adequate that adjustments have been made in difficult situations. Last year we

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listed occupations of those at that time employed in the Twin Cities and found, as might have been expected, that the greatest number of girls were employed as housemaids—135 out of 214—and the greatest number of boys as day laborers—21 out of 107. Also 16 men were on W.P.A., the jobs probably common labor. There were 15 other related occupations for women and 25 for men, indicating diversity of ability and good case work in fitting the person to the job.

In July, 1938, the Hennepin County Welfare Board (Minneapolis is the county seat) made an analysis of its case load of 506. This was divided into 329 satisfactorily placed outside of the institution and 177 in need of institutionalization. In both groups there was diversity of plans—living with families, boarding homes of various types, private institutions, working homes, those who were married supervised in their own homes—sometimes only man and wife, sometimes with their children. A fifth of the number were married men or women, and a study of this group and their children would be illuminating.

Last August a questionnaire on those who had had operations for sterilization was sent to the welfare boards in the counties. It was arranged for checking and the most important items were: adjustment, if married—care of children, sex conduct, marriage after operation. We realized that most of those responsible for filling out the questionnaires had known the individuals only a short time and had incomplete records; that the training, experience and social concepts of the workers varied greatly in different counties; and that we did not attempt to set up any standards as a basis for exercising judgment. We do not consider our efforts "research" nor do we even dignify them by the term "study."

Eleven hundred and ninety questionnaires were sent out and we have responses from 906—765 females and 141 males. Miss Caroline Perkins, social worker at the school for the feeble-minded, tabulated some of the data in September, making note of its inadequacy for drawing conclusions concerning adjustment, although some of it had significant implications. The dates of the operations ranged from 1926 through July, 1938, so the periods of adjustment are not comparable. How shall we count a woman, who after an operation in 1926 was discharged from guardianship and married; for the six years her husband lived was seemingly faithful and took care of their child born before marriage; but after his death became promiscuous as she had been before marriage and neglected the child? Or what of the person for whom an operation and outside plans were not really approved but considered expedient, and there was promiscuity both before and after the operation? How would we count the low grade or emotionally unstable person who was never expected to adjust, although an operation was performed so that she might safely be at home? Also, "satisfactory care of children" evidently had varying interpretations in different counties.

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However, an interesting and, I believe, accurate tabulation is the following:

	Females	Males
Never married	364	85
Married before operation.....	204	42
Married after operation.....	167	11
Married both before and after.....	30	3
	<u>765</u>	<u>141</u>

Minnesota has a law prohibiting marriage of the feeble-minded. The "marriages after operation" shown above have taken place in spite of the law, and yet we find most of them are providing a real adjustment. We therefore wish the law might be changed so that if sterile the Board of Control could consent to marriage.

The following figures apply to known sex experience outside of marriage:

	Females	Males
None known	288	94
Known only before operation.....	390	39
Known only after operation.....	14	5
Known both before and after operation.....	73	3
	<u>765</u>	<u>141</u>

I realize that the fact we do not know of sex experience does not mean it is non-existent. But I also realize that if a venereal infection is acquired or the individual is promiscuous, the local social worker will hear of it before a great length of time. Do not the figures therefore at least indicate that operations do not create sexual immorality?

Recognition by the welfare boards of the social problems encountered in connection with feeble-mindedness has, I believe, caused us to emphasize its consideration in plans for families to a greater extent than many states. Our emphasis on the social aspect does not mean that we in any way minimize other aspects—institutional, psychological, educational, psychiatric or medical. The institution is of course the center of many plans, with a constant influx of persons needing care and training, and outgoing of those ready for community supervision. Social planning would be impossible without the state-wide psychological service of the Division of Examination and Classification. As yet we have no facilities for relating the educational and social programs of the state as closely as we would like. As the schools in local communities meet the need for training more adequately each year, however, there must be a closer relationship between them and the local social agencies, so that plans may be co-ordinated.

During the year 1937-38 there were forty cities and towns in Minnesota conducting special classes for subnormal children, with an enrollment of 3,497. I am informed that it will be approximately the same for this year. Very few of this group of children are committed to state guardianship as feeble-minded. The population of our Colony for Epileptics on March 1st of this year was 932. Many of this number are feeble-minded. The population of the School

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for the Feeble-minded on March 1st was 2,510. Those under commitment to state guardianship but cared for elsewhere are as follows: 493 in other institutions; 1,450 satisfactorily adjusted outside; 1,194 awaiting institutionalization. This is a total of 10,076 persons who are receiving some type of care, supervision or training at public expense because of the mental condition.

We believe the responsibility of the state should be broad enough when needed to take in all of those with comparable mentality. We therefore realize that words are loosely used when we speak of our "program for the feeble-minded." Our objectives are to lessen the amount of feeble-mindedness if possible, and to see that all feeble-minded persons have adequate training and supervision. These objectives have ramifications extending into every field of public interest—not only social, educational and health, but also industrial, recreational and religious. If we ever succeed in unifying these interests and formulating a program it will be, I am sure, because our emphasis has been and is upon the social implications with final responsibility placed upon each local community.